

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	Patent#: 7,187,930
	Filing Date	Issued: March 6, 2007
	First Named Inventor	Jason F. HUNZINGER
	Art Unit	2617
	Examiner Name	R. Peaches
	Attorney Docket Number	440402000300

To: **Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: 25224

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)            | <input type="checkbox"/> 10.40(b)(3)                       | <input type="checkbox"/> 10.40(b)(4)     |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii)        | <input type="checkbox"/> 10.40(c)(1)(iii)                  | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi)        | <input type="checkbox"/> 10.40(c)(2)                       | <input type="checkbox"/> 10.40(c)(3)     |
| <input type="checkbox"/> 10.40(c)(4)    | <input checked="" type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6) Please explain below: |  |

#### Certifications

**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

The practitioners have disengaged representation from the assignee/client. The practitioner returned the file to the client.

## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

**Complete the following section only when the correspondence address will change.** *Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.*

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

**OR**

B. ☒ Inventor or  
Assignee Name **DENSO CORPORATION**

Address **1-1, Showa-cho**

City <b>Kariyam</b>	State <b>Aichi</b>	Zip <b>448-8661</b>	Country <b>Japan</b>
Telephone		Email <b>HIROHIKO_USUI@denso.co.jp</b>	

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature 

Name <b>Glen M. Kubota</b>	Registration No. <b>44,197</b>
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Address **Morrison & Foerster LLP  
555 West Fifth Street**

City <b>Los Angeles</b>	State <b>CA</b>	Zip <b>90013-1024</b>	Country <b>US</b>
Date <b>August 31, 2011</b>		Telephone No. <b>(213) 892-5752</b>	

**NOTE: Withdrawal is effective when approved rather than when received.**